

Kindergarten Insurance Program Renewal Application

Insured: _____
 Address: _____
 Contact person: _____ Phone: _____
 Fax: _____ Email: _____

Please provide the address for each location that you operate:

Are you: Not-for-profit or for profit

Organization: Kindergarten Yes
 Playschool Yes
 After School Yes
 Daycare Yes

Is Centre licensed under the Day Nurseries Act? Yes No

Number of children at any time: _____

Age Group: _____

What is the average number of Children per Employee?

0 to 2 years _____ Kindergarten Age _____

2 to 5 years _____ School Age _____

Hours of operation from: _____ to _____

Number of days per year open: _____

Gross Annual Receipts: _____

How many employees do you have? _____

How many volunteers are used on a regular basis? _____

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Do you check up on employee qualifications and references?

Yes No

Do you do background checks on employees and volunteers with the police department?

Yes No

Note: this policy may not respond unless all individuals working with the children have had a police background check.

Do you provide:

Transportation Morning and/or evening	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meals on premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooking on premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dietician	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does a nurse visit the centre?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Outside area—do you have:

Playground	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fence and locked gate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming pool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Activities off premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation for activities off premises:		
Do volunteers transport children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, do you check for valid license and insurance in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have written policies and procedures in place to address the following?

Fire drills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inclement weather	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Field trips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crises management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sexual molestation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance of buildings and grounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sickness and communicable diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation in private vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical treatment of children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency measures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evacuation plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handling of harmful items such as paints, cleaning materials, medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Are toys segregated by age group? (i.e. Are certain toys kept out of reach of children under two years old?) Yes No

If a child has any allergies or other medical problems, does the Centre obtain written instructions from parents? Yes No

If yes, does the Centre keep a written record of medication, time administered and by whom? Yes No

If yes, attach a copy of your standard report form.

Do employees receive first aid training? Yes No

Are emergency phone numbers (e.g. ambulance, poison control) posted beside the telephone? Yes No

Are written reports kept of all incidents involving children? Yes No

What are the rules for delivery and pick-up of children, especially when the parents are delayed or otherwise unable to pick up the child?

Describe all claims for the last five years including any accidents, facts, circumstances or allegations which may give rise to claim:

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MANDATORY COVERAGES

Commercial General Liability

\$5,000,000 each accident or occurrence including: bodily injury, personal injury, property damage, employer's liability, professional liability and non-owned automobile liability. \$2,000,000 each and every claim limit of liability for errors and omissions, administrative liability and wrongful dismissal, and \$250,000 aggregate sexual abuse.

Tenants Legal Liability

\$250,000 limit of liability

OPTIONAL COVERAGES

Extra Expense

Covers expenses over and above current expenses that are incurred because of a loss up to \$25,000.

BUILDING AND CONTENTS

Value of Contents: \$ _____

Do you own your Centre's building? Yes No

Shed? Yes No

If yes, Building value: \$ _____ Shed value: \$ _____

Building Location: _____

Required: Yes No

Comprehensive Dishonesty, Disappearance & Destruction

If Bond & Crime coverage is not required, do not complete this section

(CRIME SECTION)

This section must be fully completed if coverage is required. If this section is not fully completed, crime coverage including inside/outside robbery, money orders & counterfeit currency as well as employee dishonesty will not be bound effective your renewal date. Should you not require crime coverage, please indicate this by checking the box at the bottom of this page and signing in the area indicated for signature.

Employee Dishonesty: \$10,000 \$50,000

Number of Employees: _____

Employee means any person in the insured's service who is compensated directly by salary, wages or commissions and whom the insured has the right to direct and control while performing services for the insured. Employee is **NOT** a Director or Trustee except while performing acts within the scope of the usual duties of any employee.

1. Do you require dual cheque signing as part of your cheque issuing process? Yes No
2. Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority? Yes No
3. Do you perform an annual independent financial audit for your organization? Yes No

Please note that if you answer no to any two of the above three questions, employee dishonesty coverage limit will be reduced to \$5,000 effective your renewal date.

Crime coverage that includes employee dishonesty, inside/outside robbery with a standard limit of \$5,000 as well as money orders and counterfeit currency with a standard limit of \$5,000 is not required.

Signature & Title of Authorized Representative completing the crime section of this application

Completed by: _____

Position: _____ Date: _____